

## State of Washington Application for a Water Right NAR 2 5 1999

For Ecology Use Fee Paid 10,00

Please follow the attached instructions to avoid unnecessary delays.

Section 1. APPLICANT - PERSON, ORGA	NIZATION, OR WATER SYSTEM
Name Kenten Leonard)	Home Tel: (509) 843 - 3848
Mailing Address 1237 Hotchens Road	Work Tel: (
City Poweroy State WA Zip+4 9934	/
Section 2. CONTACT - PERSON TO CALL  Same as above	ABOUT THE APPLICATION
Name Honald Mittal	Home Tel: (507) 448 - 2264
Mailing Address South 12807 Goss Ro	Work Tel: (509) 448 - 2264
City Cheney State WA Zip+4 9900	FAX: (009) 448 - 4110
Relationship to applicant Consolitant	City 509 995-3431
e-mail: evanshall@worldnet.	att, net
Section 3. STATEMENT OF INTENT	
The applicant requests a permit to use not more than	ons.) NOTE: A tak parcel number or a plat number is not by firrigation of 150 acres
☐ Check if the water use is proposed for a short-term pro	ject. Indicate the period of time that the water will be needed:
From/ to/	
Section 4: WATER-SOURCE	
H-STDEACHWARD	TECHOLINDWATER
If SURFACE WATER  Name the water source and indicate if stream spring	If GROUNDWATER  A permit is desired for well(s)
If SURFACE WATER  Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:	If GROUNDWATER  A permit is desired for well(s).  To be arither
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Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:  Number of diversions:	A permit is desired for well(s) well(s) to be drilled
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Sec	ction 5. GENERAL WATER SYSTEM INFORMATION
A.	Name of system, if named:
B.	Briefly describe your proposed water system. (See instructions.)
	Galf Course Style Irogation System - no reservoir
	Golf Course Style Irrigation System - no reservoir. Run direct from well, Connections would be for clubhouse,
/	maintenance building, superintendent's residence, on course snack bar, and on course rest rooms
C	snack bur, and on course rest roums
	(See a Hachments)
C.	Do you already have any water rights or claims associated with this property or system? YES NO PROVIDE DOCUMENTATION. Previous Claim - WP. 48374 - William Publishor States - concelled
HIS SHIPS	ction 6. DOMESTIC/PUBLIC WATER SUPPLY SYSTEM INFORMATION ompleted for all domestic/public supply uses.)
	Home Recreation Commen
A.	Number of "connections" requested: Type of connection Home, Recreation Comment (Homes, Apartment, Recreational, etc.)
B.	Are you within the area of an approved water system? ☐ YES ☒ NO
	If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.
Cor	nplete C. and D. only if the proposed water system will have fifteen or more connections.
C.	Do you have a current water system plan approved by the
	Washington State Department of Health?  If yes, when was it approved? Please attach the current approved version of your plan.
D.	Do you have an approved conservation plan?  If yes, when was it approved? Please attach the current approved version of your plan.
100000000000000000000000000000000000000	etion 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION  ompleted for all irrigation and agriculture uses.)  Total number of acres to be irrigated:
B.	List total number of acres for other specified agricultural uses:
	Use Acres
	Use
	UseAcres
C.	Total number of acres to be covered by this application:
D.	Family Farm Act (Initiative Measure Number 59, November 3, 1977)  Add up the acreage in which you have a controlling interest, including only:  ‡ Acreage irrigated under water rights acquired after December 8, 1977;
	<ul><li>‡ Acreage proposed to be irrigated under this application;</li><li>‡ Acreage proposed to be irrigated under other pending application(s).</li></ul>
	<ol> <li>Is the combined acreage greater than 2000 acres?</li> <li>Do you have a controlling interest in a Family Farm Development Permit?</li> <li>If yes, enter permit no.:</li></ol>
E.	Farm uses: Stockwater - Total # of animals Animal Type (If dairy cattle, see below)
	Dairy - # Milking # Non-milking

Sec	ction 8. WATER STORAGE		
Will	you be using a dam, dike, or other structure to retain or store water?	☐ YES	NO
point,	E: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet, and some portion of the storage will be above grade, you must also apply for a reservoir pertivoir permit application from the Department of Ecology.		
	ction 9. DRIVING DIRECTIONS		
Provi	ide detailed driving instructions to the project site. From Dept. of Ecology	Aice:	
2	rie North on Monroe to Francis - West (left) on	Francis	to
In	deen Trail - North (Right) on Indian Trail to City	Lunch	
Sou	ide detailed driving instructions to the project site. From Dept. of Ecology Convie North on Monroe to Francis - West (teft) on dean Trail - North (Right) on Indian Trail to City othern Boundary of Site is Bonneville power hield withern Boundary of Site is Rotter Porkway	rans Ed	est/u
	ction 10. REQUIRED MAP		
Α.	Attach a map of the project. (See instructions.)		
**************			NAME OF THE OWNER O
Sec	ction 11. PROPERTY OWNERSHIP		
A.	Does the applicant own the land on which the water will be used? If no, explain the applicant's interest in the place of use and provide the name(s) and address of the owner(s):	YES YES	□NO
B.	Does the applicant own the land on which the water source is located? If no, submit a copy of agreement:	'⊠ YES	□NO
to promi	tify that the information above is true and accurate to the best of my knowledge. I understocess my application, I grant staff from the Department of Ecology access to the site for intoring purposes. Even though I may have been assisted in the preparation of the above a loyees of the Department of Ecology, all responsibility for the accuracy of the information	nspection and pplication by	d the
	15ct Les 3-17.	99	
Annli	icant (or authorized representative)		

G 330262

Landowner for place of use (if same as applicant, write "same")

Date

e are returning your application for the following reason(s):		
Examination fee was not enclosed		APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
Section number(s)complete	is/are	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
planation:	THE STATE OF THE S	
lease provide the additional information requested above an	ıd return your	application by
(date).		
ology staff	Date	
	3.	

Use this page to continue your answers to any questions on the application. Please indicate section number

before answer.

Ecology is an Equal Opportunity and Affirmative Action employer.

To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).